

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">041584670</div>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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<b>TOTAL IND.</b>	9		8				<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	40		44				<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	49		52				<b>TOTAL CLAIMS</b>						